The Report

This annual report was produced in January 2015 and covers the academic session from August 2013 to July 2014. In order to give an up-to-date picture, we also report on key issues beyond August 2014.

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This report can be provided in alternative formats on request.
Student Counselling Service, Third Floor Main Library
Telephone: 0131 650 4170   Email: Student.Counselling@ed.ac.uk
Acronyms

AUCCCD - Association for University and College Counseling Center Directors
BACP - British Association for Counselling and Psychotherapy
BACP UC - BACP Universities and Colleges
BWW - Big White Wall
CBT - Cognitive Behavioural Therapy
CCST - Canine Concern Scotland Trust
CIAO - Counselling Impact on Academic Outcomes
CORE - Clinical Outcomes Routine Evaluation
EBVC - Easter Bush Veterinary Centre
ECA - Edinburgh College of Art
ESES - Edinburgh Student Evaluation Survey
EMDR - Eye Movement Desensitisation and Reprocessing
HUCS - Heads of University Counselling Services
HUCSS - Heads of University Counselling Services Scotland
IAD - Institute for Academic Development
IS - Information Services
KPI - Key Performance Indicator
MHAS - Mental Health Assessment Service (Royal Edinburgh Hospital)
ODL - Online Distance Learners
OLL - Office of Lifelong Learning
PALS - Peer Assisted Learning Scheme
PG(T/R) - Postgraduate (taught/research)
PT - Personal Tutor
QAC - Quality Assurance Committee
SCS - Student Counselling Service
SDS - Student Disability Service
SEP - Student Experience Project
SMHC - Student mental Health Coordinator
SSO - Student Support Officer
UG - Undergraduate
UMHAN - University Mental Health Advisers Network
USG - University Secretary’s Group
VTO - Veterinary Training Organisation
Executive Summary

Rising Demand
- During 2013-14 the Service saw an overall increase in referrals of 20.5%. This represents a total increase of 91% over a three year period.
- Over the year 1813 students had one or more sessions with a counsellor.
- By the end of December Semester 1 in 2014-15 the Service was experiencing an additional 15% increase in referrals.

Increased resources
- A significant increase to our budget allowed for additional counselling hours to be offered – 29% more appointments in 2013-14, delivered by extended opening times at Kings Buildings, Moray House, ECA and EBVC and offering evening appointments in the Main Library.
- Further resources for 2014-15 have allowed the Service to increase the number of counselling evening appointments in the Main Library.
- Increased resources in line with the service strategy have allowed us to significantly reduce waiting times 2013-14, even with rising demand.

Increased satisfaction
- 2013-14 saw increased student satisfaction across a range of evaluation measures

Groups and workshops
- Our programme of presentation/workshops is attracting greater student participation.
- There were 592 attendances at group events, an increase of 124%
- The programme has been extended for 2014-15 and rebranded Skills for Life and Learning
- New collaboration with NHS Lothian brought the Stress Control course on campus

Innovation
- Big White Wall’s work with University of Edinburgh students won a Highly Commended award for Best Service in the GO Awards 2014
- Phase 1 of online referral process in introduced

Key Priorities
- Our key priorities for 2013-14 were achieved

Challenges
- With a larger number of referrals being projected over the next three to four years, the Service will require significantly enhanced resources both in staff and estate terms to meet KPI response times while maintaining an effective service.
1 Quality of student support opportunities

1.1 Key features of service provision

The Student Counselling Service is part of the University Counselling Service, together with the Staff Counselling Service, and is one of the Student Experience Services, reporting to the Deputy Secretary, Student Experience, under the University Secretary’s Group. The Student Counselling Service supports the key University strategic themes of enhancing our student experience, promoting equality and diversity, building strategic partnerships and collaborations, and assisting students to realise their full potential.

The Service is committed to the University Secretary’s Group aims of

- Providing a high-quality service to the University community
- Further developing and sustaining a responsive service culture
- Pursuing continuous improvement of the Service.

Our goal is to deliver an efficient and timely service that is customer-focused and of world-class quality.

The primary purpose of the Student Counselling Service is to provide a free confidential professional counselling service to all matriculated students of the University of Edinburgh.

The counselling offered by the Service is short-term of up to six sessions, subject to clinical need, and is offered by a team of experienced professionally-qualified counsellors. The counselling offered by the Service includes email counselling, hypnotherapy, CBT and EMDR. A wide range of self-help resources are available through our website, our own publications, through Bibliotherapy and through resources from other providers (e.g. NHS, Big White Wall). In addition we have now appointed our Student Mental Health Coordinator. The role of the SMHC is threefold:

1. to provide a mental health assessment and offer short term support to students presenting with acute, complex or enduring mental health problems
2. to refer students for appropriate interventions within University support services or externally g. with GPs, MHAS; to liaise and coordinate support for students as appropriate
3. to contribute to training and policy development on student mental health

Tam Mitchell joined our team in August 2014 and further details of his work in the first semester are found below and in Table 10 and Appendix A.

The secondary objective of the Student Counselling Service is to enhance and encourage the emotional well-being and mental health of University of Edinburgh students and those who support them. The Service seeks to reach this objective by

- Facilitating a range of psycho-educational group activities and presentations/workshops
• Encouraging students to support themselves through the Bibliotherapy scheme
• Offering advice and support to academic staff concerned for the mental and emotional well-being of their students
• Contributing to training and development programmes organised for staff and students by other departments of the University
• Collaborating and liaising with colleagues in other University services, Schools, EUSA, and the University Health Centre
• Participating in the Welfare Consultative Group, the Student Disability Committee, the Mental Health Sub-Group, the Health and Safety Committee and Quality Assurance Committee.
• Offering high-quality training places to counsellors in training.

The main strands of the Service model of counselling provision are
• To assess suitability for counselling at referral
• To offer an initial appointment allowing for assessment and exploration of what the next steps might be
• To provide short term counselling of up to six sessions (subject to clinical need) where appropriate
• To refer on to other University services or other agencies, external to the University, as appropriate e.g. for students whose needs are best met by a medical or psychiatric intervention (NHS) or whose issues require longer-term counselling or psychotherapy.
• To offer alternatives to one-to-one counselling such as bibliotherapy, psycho-educational groups and workshops, and online self-help.
• Support via SMHC for students presenting with acute, complex or enduring mental health problems.

Our model of service delivery deals effectively with crisis intervention, minimises risk, and enhances the student experience. Students identified as being at risk are given priority for appointments. The Service is committed to early intervention where possible and uses a triage approach both prior to and after the initial appointment students have with a counsellor.

“Counselling helped me stay alive, has helped me see hope, has helped me understand myself and has enabled me to feel I am doing the right thing in trying to tackle my problems. It has helped me to help myself more than I thought was possible.”
Student feedback

“The service is an excellent source of support for students experiencing stress and depression – I really appreciated the support and would unhesitatingly recommend it to other students.”
Student feedback
Usage, Student Profiles, Indicators and Trends

Table 1 Number of students being seen by the Service

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1307</td>
</tr>
<tr>
<td>2012</td>
<td>1504</td>
</tr>
<tr>
<td>2013</td>
<td>1813</td>
</tr>
</tbody>
</table>

Table 2 Students being seen by the Service – 10 year view

Tables 1 and 2 demonstrate the increasing demand on the Service, with the number of referrals up 20.5% in 2013-14, a 91% increase in demand from 2010-11. The increase in referrals has continued through Semester 1 in 2014-15, 15% up on the same period in 2013.

“I very much appreciate the service which helped me take the first step in dealing with my issues. The simple way to set up sessions and receive support makes it easy to do so.”

Student feedback
Table 3 Students attendance and sessions

<table>
<thead>
<tr>
<th></th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of students attending Initial appointments</td>
<td>1218</td>
<td>1348</td>
<td>1611</td>
</tr>
<tr>
<td>No. of students attending counselling</td>
<td>968</td>
<td>1104</td>
<td>1529</td>
</tr>
<tr>
<td>No. of counselling sessions</td>
<td>3953</td>
<td>4554</td>
<td>5869</td>
</tr>
<tr>
<td>No. of students total</td>
<td>1307</td>
<td>1504</td>
<td>1813</td>
</tr>
<tr>
<td>Average no. of sessions including initial appointments</td>
<td>5.0</td>
<td>5.1</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Additional resources for 2013-14 allowed us to offer 29% more sessions.

Gender balance

Table 4 Female/Male ratio - three year comparison

<table>
<thead>
<tr>
<th>Gender</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>70%</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Male</td>
<td>30%</td>
<td>29%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Table 4 shows that there is virtually no change in the ratio of male/female students over the past three years. Men continue to be under-represented, consistent with other student counselling services in Higher Education and counselling services in general. We know that male students are more likely to present with significant psychological distress, though may prefer a ‘matched care’ approach to accessing help via group events (see below). Our website has specific pages for men aimed at explaining counselling and overcoming men’s reluctance to self-refer to talking therapies.

http://www.ed.ac.uk/schools-departments/student-counselling/students/male-students

Undergraduate/ Postgraduate Students

Table 5a Undergraduate/Postgraduate ratio

<table>
<thead>
<tr>
<th>Year</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>66%</td>
<td>74%</td>
<td>59%</td>
</tr>
<tr>
<td>Postgraduate (PGT +PGR)</td>
<td>34%</td>
<td>26%</td>
<td>41%</td>
</tr>
</tbody>
</table>
The increase in referrals from postgraduate students may reflect the larger proportion of international PGT students using the service, and within the student population as a whole as indicated in Table 6 below.

### International students

<table>
<thead>
<tr>
<th>Year</th>
<th>UK</th>
<th>EU</th>
<th>Overseas</th>
<th>Combined International</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>63%</td>
<td>16%</td>
<td>21%</td>
<td>37%</td>
</tr>
<tr>
<td>2012-13</td>
<td>58%</td>
<td>20%</td>
<td>22%</td>
<td>42%</td>
</tr>
<tr>
<td>2013-14</td>
<td>54%</td>
<td>16%</td>
<td>30%</td>
<td>46%</td>
</tr>
</tbody>
</table>

We continue to see a rise in the overall population of international students using the Service, a growing trend over last three years. International students’ use of the presentation/workshop programme is detailed below.

### Students with Disabilities

<table>
<thead>
<tr>
<th>Year</th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of students using counselling service with no disclosed disabilities</td>
<td>1045(80%)</td>
<td>1178(78%)</td>
<td>1448(80%)</td>
</tr>
<tr>
<td>No. of students using counselling service with disclosed disabilities</td>
<td>262(20%)</td>
<td>326 (22%)</td>
<td>365(20%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability</th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability not listed</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>A specific learning difficulty e.g. dyslexia</td>
<td>10%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Blind-partially sighted</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Deaf-hearing impairment</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Mental health difficulties</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>0.7%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Unseen disabilities e.g. diabetes</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Wheelchair user-mobility difficulties</td>
<td>0.5%</td>
<td>0.5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

There is no significant change but students with disabilities are more likely to use the Service.
Referrals

Table 9 Sources of Referrals

<table>
<thead>
<tr>
<th></th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice Pl</td>
<td>2</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>School/PT/SSO</td>
<td>17</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Friend</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>GP</td>
<td>19</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Leaflets</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Website</td>
<td>35</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>15</td>
<td>9</td>
</tr>
</tbody>
</table>

‘Other’ includes other student services (e.g. Careers, Disability, Chaplaincy, Accommodation Services), SIPs, group/workshop publicity, matriculation card.

Again there is no significant change and the figures illustrate good collaboration with schools and other services. There is a consistently high number of referrals through existing pathways and sources of information about the service.

Referrals to SMHC

Table 10 referrals to SMHC Semester 1 2014-15

<table>
<thead>
<tr>
<th>Initial Appointments</th>
<th>SMHC (ongoing)</th>
<th>SMHC (out of office contact)</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>25 (48 sessions)</td>
<td>10 (16 sessions)</td>
</tr>
</tbody>
</table>

Presenting Issues

Table 11 Presenting issues (% of clients seen)

<table>
<thead>
<tr>
<th>Presenting Issues (%)</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Academic</td>
<td>10</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Addictive behaviour</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>23</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Depression, anger &amp; mood change or disorder</td>
<td>21</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Loss</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Other mental health conditions</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Physical health</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relationships</td>
<td>12</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Self and identity</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Sexual issues</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Transitions</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

There is no significant change over the three year period. The most common presenting issues continue to be anxiety (including e.g. stress, social anxiety, panic
attacks and PTSD), depression, self and identity (includes e.g. self-confidence, self-esteem, perfectionism, and issues around sexuality), and academic related issues. Students whose issues would be counted in other categories (e.g. welfare and employment) do not appear in significant numbers in the data either because they are referred elsewhere for practical advice and support (e.g. the Advice Place or Careers Service) or because they are not the major presenting issues students bring. Likewise students presenting with significant self-harm, suicidal ideation or suicide attempts are often recorded under other categories (e.g. clinical depression).

**Matched Care – Group and Presentation/Workshop programme**

In 2013-14 the service provided or participated in a series of group activities:

- Presentations/workshops
- Living with Dyslexia
- Paws Against Stress (therapets)
- Mind the Career Gap
- No More Blue Mondays
- Confidence Building (‘Moving On’ course)

Our last annual report described the development of our Matched Care presentation/workshop programme. These presentations are offered both to service users as an alternative and/or addition to counselling, and also offered more broadly to the wider student body. Six popular topics were offered in semester 1, each topic repeated throughout the semester at least on two and sometimes three occasions. Students do not need to book these hour long sessions and resource packs are designed for students to take away after each session.

In 2013-14 the topics were: *The Feel-good Factor, How to Get on with People, Mind the (Confidence) Gap, Under Pressure, Exam Stress, Time Management* and *I’ll Start Tomorrow*. Full descriptions of the presentations are in Appendix B.

For 2014-15 the following presentations were developed and the programme rebranded **Skills for Life and Learning**: *Mind the (Confidence) Gap: Self-Esteem, Mind the (Confidence) Gap: Assertiveness, Finding your feet at University, It Takes Time to Make Time, Feel the Fear and Do It Anyway: Anxiety Management, Nobody’s Perfect: When Your Best is Good Enough, and Taking the Panic out of Presentations.*

In response to student feedback Skills for Life and Learning was widely advertised on MyEd and LEARN.

We continue to offer the Living with Dyslexia workshop which is aimed at students who have been diagnosed with dyslexia during the course of the year to offer information, advice, support and a perspective on the psychological impact of receiving such a diagnosis.
We also delivered two workshops on ‘Handling Stress’ (February 2014) for students in the School of Biological Sciences, and a similar presentation for the Edinburgh Centre for Professional Legal Studies (September 2014).

Table 12 Group Activities/presentation-workshops attendance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation/Workshops</td>
<td>53</td>
<td>-</td>
<td>131</td>
<td>136</td>
</tr>
<tr>
<td>Therapets</td>
<td>-</td>
<td>232</td>
<td>429</td>
<td>217</td>
</tr>
<tr>
<td>Living with Dyslexia</td>
<td>33</td>
<td>29</td>
<td>32</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>261</td>
<td>592</td>
<td>353</td>
</tr>
</tbody>
</table>

With an extended programme and improved advertising for 2014-15 average attendance at the presentations is up by 20%.

Table 13 Evaluation of the Presentation/Workshop programme

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Outcome 2013-14</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>61% f 39% m</td>
<td>Male students are more likely to use matched care for support than counselling</td>
</tr>
<tr>
<td>UK/International UG/PG</td>
<td>35% UK 64% Int 47% UG 53% PG</td>
<td>The programme continues to attract a higher proportion of international postgraduate students</td>
</tr>
</tbody>
</table>
| SCS users      | 38% of participants had previously attended at least one counselling appointment. 62% had no other contact with SCS | Suggests use as:  
- preventative/early support  
- an alternative to counselling  
- follow up or additional support for current users |
| Satisfaction outcomes | 96% - good presentation content 97% - good presentation style 86% - would recommend SCS events 96% - now knew where to access further help | Results show a very high satisfaction rate with the presentations/workshops |

The "Mind the (Career) Gap" initiative was a personal and professional support programme for final stage PhD students and early career researchers at Moray House School of Education and the School of Social and Political Sciences. The programme was carried out between February and September 2014 and was funded by a researcher-led initiative fund from IAD. SCS contributed to the development and delivery of the programme which attracted 25 participants over 9 sessions.
SCS and SDS were approached by two postgraduate students, supported by the School of Languages, Literature and Culture, to develop a psychoeducational input into a new mental health awareness day for postgraduate research students in January 2014 called ‘No More Blue Mondays’. Interactive input on managing stress and managing time was delivered to approximately 20 students. The day was considered a great success, and the event was repeated in October 2014 where the emphasis was on equipping postgraduate students with a solid knowledge of resources available to support their mental health throughout their studies.

The NHS six week Stress Control Course was delivered on campus for students and members of the public in February 2014, and is being repeated in the spring of 2015.

### 1.2 Key features of partnerships

#### Table 14 Key partners

<table>
<thead>
<tr>
<th><strong>Careers Service</strong></th>
<th>Students are referred both to and from the Careers Service, and Careers staff provide reception for counsellors working at The King’s Buildings. SCS contributed to a briefing session for Careers staff on student support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Disability Service</strong></td>
<td>Students are referred both from and to the SDS, in particular to the Mental Health Mentors. SCS collaborates with SDS in running student mental health training for academic and other student support staff. Both services collaborate in the publication ‘Helping Distressed Students’. SCS contributes to the work of the Student Disability Committee, and the Director convenes the Mental Health Sub Group. Administrators from both services staff our joint reception area.</td>
</tr>
<tr>
<td><strong>Chaplaincy</strong></td>
<td>Students are referred both to and from the Chaplaincy, and both services collaborate in the provision of Mindfulness sessions.</td>
</tr>
<tr>
<td><strong>EUSA</strong></td>
<td>Students are referred both to and from the Advice Place, and EUSA provides feedback on behalf of students, both users and non-users. SCS and EUSA collaborated with NHS and CCST for support programmes for students and SCS contributes to other EUSA training events e.g. PALS</td>
</tr>
<tr>
<td><strong>University Health Centre</strong></td>
<td>Students are referred both to and from the University Health Centre, and we liaise with the GPs and Community Mental Health team for advice and information.</td>
</tr>
<tr>
<td><strong>Institute for Academic Development</strong></td>
<td>Students are referred both to and from the Study Development Advisers and SCS contributes to the Postgraduate Certificate In University Teaching.</td>
</tr>
</tbody>
</table>
Accommodation Services

Students are referred to and from the Residence Life Team, and both services liaise in supporting students at risk living in University accommodation.

Schools and Academic Staff

SCS offers consultation and advice to academic staff concerned for their students and liaises with School Student Support teams for evidence of special circumstances. SCS provide student mental health training for staff.

Royal (Dick) Veterinary School

SCS provides counselling at EBVC and liaises with PTs, VTO and Staff Student Liaison Officer. SCS provides induction input for new students and for PTs, and non-managerial supervision for the Student Support Team.

Office of Lifelong Learning

SCS provides a workshop and participates in the induction session of the ‘Moving On’ programme (Widening Access).

Centre for Sport and Exercise

SCS signposts students for consultation and support with exercise programmes, particularly for students with mild to moderate depression.

Student Experience Project

Funding for BWW, SCS participates in welcome events with SEP Induction team.

Ten for Ten

Ten for Ten is a project whereby counsellors and psychotherapists in private practice in Edinburgh offer up to ten low cost counselling sessions specifically for students whom we have assessed or counselled.

Local counselling agencies e.g. Pastoral Foundation, Wellspring, Saheliya, Gay Men’s Health, Couple Counselling Lothian

SCS maintains contact with free or low cost counselling agencies for referral information for students.

NHS Lothian

Liaison with MHAS, NHS 12S project and SCS have arranged with NHS Lothian to deliver a 6 week Stress Control programme on campus.

Big White Wall

BWW project has been funded for 2014-15.

Canine Concern Scotland Trust

SCS and CCST collaborate on the Paws Against Stress events

“Being able to interact with the owners as well as the dogs made the experience very fulfilling. Playing with the dogs was the highlight of my semester.”

Student feedback after Paws Against Stress

1.3 Key themes from feedback

- Increased satisfaction with service publicity
- Increased satisfaction with waiting times
• Consistently positive outcomes on CIAO survey
• Increased satisfaction on ESES
• Increased satisfaction on ISB and improved rankings
• CORE recovery and improvement rates remain high
• Consistently high satisfaction outcomes from group events
• We continue to receive feedback from a minority of students that waiting times are too long and that the service offers too few sessions.

1.4 Mechanism for gathering feedback

(a) Gathered by SCS – from students
• Evaluation Survey
• CIAO survey
• CORE data
• Group event evaluations
• Peer led focus groups
• Comments box in waiting area

(b) Gathered by/from the University
• ESES
• ISB
• Staff feedback

(c) Feedback from EUSA

1.5 Overview of support and Staff development

The staff team of the Service is made up of several components:
• Counsellors (including management) working throughout the year (both full time and part-time)
• Counsellors working part-time during semesters only
• Counsellors employed on a sessional basis during semester time
• Administrative staff (both full time and part-time)
• Counsellors in training (on placement from Diploma/Professional training courses)

The Service has a Training and Development policy which meets our BACP Service Accreditation criteria, and is applicable to all our staff. In addition to on-going training opportunities offered by the University to staff in general, the service undertakes to arrange training for both counselling and administrative staff. We seek to hold at least one annual training day for counsellors, which staff are encouraged and supported to attend.

Counsellors are encouraged to attend the BACP UC Conference, which provides a forum for student counsellors from throughout the UK and Ireland to meet and share best practice. In addition counselling staff are supported to pursue their individual continuing professional development in line with the requirements for individual accreditation as counsellors and psychotherapists.
The support offered to our counsellors in training is an example of best practice as recommended by BACP. We currently have four trainees. Counsellors in training are recruited from a variety of postgraduate counselling and psychotherapy training programmes, and having already completed one counselling placement they come to us to develop their clinical practice. The counsellors in training are supervised, and mentored by experienced counsellors from our team.

The counselling team offer consultation and advice for academic staff concerned about students, but also respond to contacts from parents and students. We participate in the Postgraduate Certificate for academic staff run by IAD and also provide training on student mental health for student support teams as required. We also participated in a presentation for Student Support Officers in Semester 1 2013. We have information specifically for University staff on our website. http://www.ed.ac.uk/schools-departments/student-counselling/staff

2. Quality and Standards

The University Counselling Service is an organisational member of the British Association for Counselling and Psychotherapy. This is the leading professional body for counsellors and psychotherapists in the United Kingdom, and with 40,000 members is the second biggest counselling and psychotherapy association in the world. The BACP participates in the development of counselling and psychotherapy at an international level.

In January 2014 BACP Accredited Service status was extended to cover the Staff Counselling Service as well as the Student Counselling Service, which has been accredited since 2006. BACP Service Accreditation provides status and validation for the Service, and also provides robust evidence of service quality and professionalism. Accredited Services are bound by the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy. All BACP Accredited Services have demonstrated a high quality of service delivery, meeting benchmark standards that are maintained by annual monitoring and reporting.

The Service Accreditation Scheme criteria cover areas of

- Policy (aims and objectives, publicity, staffing, equal opportunities)
- Management and Administration (service structure, community liaison, health and safety, administration and management)
- Delivery of service (accommodation, professional conduct)

The Service also commits itself to following the BACP UC Good Practice Guidelines. These guidelines outline the role of counselling services in FE and HE, the activities undertaken by counsellors in such institutions and the working structures required to maintain good practice.

“Really good, really efficient, really helpful”
Student feedback
2.1 KPIs relevant to the student experience

The Service continues to review KPIs in view of the impact on the service of rising demand, resources provision, and the severity of presentation. Student Experience Services KPIs are being developed under with the Deputy Secretary, Student Experience, and KPIs are being developed at USG level.

Response Times

Our KPI is to see 50% of students for an initial appointment within one week of registering with the Service and 75% of students in less than 2 weeks. Increased resources for 2013-14 have seen significant improvement, with 96% of students being seen within 2 weeks. Students at risk are prioritised for initial appointments in line with our triage system.

Table 15 Waiting times – referral to initial appointment

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>69%</td>
<td>64%</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>2</td>
<td>24%</td>
<td>26%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>3</td>
<td>5%</td>
<td>5%</td>
<td>2.5%</td>
<td>2%</td>
</tr>
<tr>
<td>4</td>
<td>1%</td>
<td>2%</td>
<td>0.5%</td>
<td>1%</td>
</tr>
<tr>
<td>4+</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Another KPI has been to offer students a counselling appointment within four weeks of their initial appointment.

Table 16 Length of waiting time from initial appointment to counselling

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26%</td>
<td>21%</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>2</td>
<td>19%</td>
<td>21%</td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td>3</td>
<td>11%</td>
<td>8%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>7%</td>
<td>7%</td>
<td>8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>4+</td>
<td>37%</td>
<td>43%</td>
<td>9%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

There was a significant improvement in waiting times in semester 2013-14, with 91% of students being offered a counselling appointment within four weeks (and 83% within three weeks), which we have manage to sustain into 2014-15. Students waiting longer than four weeks do so for a number of reasons:

(a) they are waiting for one of our specialist approaches (CBT, EMDR, hypnotherapy) or for a specific counsellor
(b) their availability for appointments is very limited
(c) they choose to wait longer.
Students assessed as being at risk are prioritised and are seen as quickly as possible and within our target times, unless there is an exceptional difficulty with the student’s availability. These waiting times are considerably shorter than those for talking therapies in NHS Lothian and lower cost counselling agencies in Edinburgh.

Appointments are only offered at times/locations students have indicated they can attend. Students are asked to give us as much notice as possible when cancelling appointments, allowing us to offer the session to another student. Students are made aware from the outset of the consequence of failed appointments, and we have minimised these to 8%.

CORE
The Service uses the CORE system as a tool to measure the level of psychological distress with which students present to the Service and the clinical improvement in students as a result of counselling. CORE is provided on a commercial basis by licence and is widely used in NHS Primary Care services and increasingly in other university counselling services. We would see CORE outcomes as a key performance indicator, though a new CORE benchmark has not been developed or published by the providers CORE IMS. Of the CORE outcome measure returns for 2013-14:

- 89% of students presented in the clinical range i.e. are those experiencing a significant level of psychological distress.
- 77% of clients in the clinical range showed recovery or significant improvement following their counselling sessions.

The following feedback, although not related to formal KPIs, does reflect on the student experience and performance of the service.

**Evaluation Survey**

<table>
<thead>
<tr>
<th>Table 17 Evaluation survey summary and three year comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation survey</strong></td>
</tr>
<tr>
<td>% of students responding</td>
</tr>
<tr>
<td>Satisfaction with Service (re reception and waiting areas, interaction with reception staff, accessibility and discreetness)</td>
</tr>
<tr>
<td>Satisfaction with service publicity</td>
</tr>
<tr>
<td>% of students reporting waiting time for initial appointment as “too long”</td>
</tr>
<tr>
<td>% of students reporting waiting time for counselling as “too long”</td>
</tr>
</tbody>
</table>

A strategic aim of the Service has been to increase the number of responses each year. We have seen significant increases in satisfaction with waiting times for initial appointment and for counselling. Of those students reporting waiting times for initial appointments being too long, 31 (i.e. 1.7% of students using the service) waited more than one week, and for those reporting too long a wait for counselling only 14 (i.e. 0.77%) had waited more than 4 weeks. This reflects student expectation, when the
majority of students expressing dissatisfaction with waiting times were offered appointments within our KPI targets.

**Publicity**

It is encouraging that the satisfaction rate for service publicity has increased again this year. We have developed our communications strategy as follows:

- Cooperating with other services and SEP in producing a “What's On for your Mental health and Wellbeing” list of support activities for students from across a range of University services
- Promoting group events through posters, leaflets, MyEd and LEARN
- BWW promoted via flyers and adverts in the ‘Student’.
- New informational material, bookmarks, and mental health promotion (Mindapples, biodots) present at induction/welcome events and wellbeing events (in Library)
- We have contributed to each cohort of students undergoing the PALS training programme, equipping students with accurate information about the work of the service to better support their peers.

The CIAO survey is conducted as part of our service evaluation.

**Table 18** CIAO summary 2013-14

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>To a limited extent</th>
<th>One of many factors</th>
<th>An important factor</th>
<th>The most significant factor</th>
<th>Total finding counselling helpful</th>
<th>SCS 2012-13</th>
<th>National survey 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>helped you to stay at university?</td>
<td>6%</td>
<td>12%</td>
<td>35%</td>
<td>40%</td>
<td>7%</td>
<td>82%</td>
<td>88%</td>
<td>81%</td>
</tr>
<tr>
<td>helped you do better in your academic work?</td>
<td>6%</td>
<td>19%</td>
<td>34%</td>
<td>36%</td>
<td>5%</td>
<td>75%</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>improved your overall experience of university?</td>
<td>2%</td>
<td>11%</td>
<td>31%</td>
<td>49%</td>
<td>7%</td>
<td>87%</td>
<td>86%</td>
<td>83%</td>
</tr>
<tr>
<td>helped you develop skills that might be useful in obtaining future employment?*</td>
<td>3%</td>
<td>12%</td>
<td>21%</td>
<td>41%</td>
<td>23%</td>
<td>85%</td>
<td>83%</td>
<td>78%</td>
</tr>
</tbody>
</table>

* Defined as eg self-understanding, understanding of others, managing difficult feelings better, increased confidence, assertiveness

**International Student Barometer**

The University now takes part in the autumn wave of the International Student Barometer, with a total of 182 universities participating.
Table 19 ISB survey results

<table>
<thead>
<tr>
<th>Support satisfaction</th>
<th>Summer 2011</th>
<th>Summer 2012</th>
<th>Autumn 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Counselling Service</td>
<td>85%</td>
<td>86%</td>
<td>87.6%</td>
</tr>
</tbody>
</table>

**ISB** Ranking by Grouping, the Service was:
- 1st in Scotland
- 2nd in Russell Group
- 10th in UK
- 31st in world

**ESES**
The Edinburgh Student Experience Survey seeks the views of non-final year undergraduates on a range of areas relating to their experience at the University. The satisfaction rate for SCS increased 12% to 66%. Based on open comments, dissatisfaction related to the number of sessions (too few) or waiting times (too long).

**Peer led focus groups**
This year we surveyed students who had not used the service through a series of six peer led focus groups. Most students knew about the service, though only half were clear on basic or detailed information about us. Among those who were aware, we had a good reputation, though concern was expressed about response times, location in the library and the short term counselling we offer. Feedback on service publicity has informed our communications strategy (see above).

**EUSA - Mental Health Survey**
This survey was conducted during the academic year. 1.7% of the student population took part. Feedback specific to the service was that:
- 80.5% were aware of SCS providing mental health support
- 13.4% were aware of BWW
- 77% found the service very or fairly useful.

A small number of comments related to the number of sessions (too few) or waiting times (too long), and suggested increased resources for the service (see above).

This feedback has been a longstanding theme over a number of years. Since 2011-12 the Service has had significant budget increases year on year, in response to the rise in demand. Our strategic aim has been to reduce waiting times, which we are achieving.

Provision of timely counselling is particularly salient in the student population which, may be more vulnerable than other young people as they face: the challenge of adapting to a new environment and to the demands of their courses; potential isolation without usual social supports; peer pressure to misuse drugs and alcohol; and the additional stress of financial pressures and the need to work alongside study. Underachievement or failure at this stage can have long-term effects on self-esteem and the progress of someone’s life, thus highlighting the importance of early intervention.
Short term counselling is evidence based and has become the norm in counselling in HE, where across the sector counselling is aimed at improving student functioning to support academic progression. Increasing the number of sessions being offered would inevitably increase waiting times. For some students more sessions can encourage dependency/attachment issues, hindering recovery.

2.2 Evaluation relating to benchmarks

In addition to our Evaluation Survey and KPIs, we have also benchmarked counselling provision against other services. We have previously conducted benchmarking exercises with HUCS and HUCSS to compare service resources, the level of demand and delivery of counselling. The HUCS survey is still under review. The HUCSS survey is currently available for 2013-14, based on seven participating universities: Aberdeen, Dundee, Edinburgh, Edinburgh Napier, Glasgow Caledonian, Heriot Watt, and Queen Margaret University. As these are such a diverse range of institutions, both in terms of size, student population and service provision, Table 24 shows SCS usage and provision relative to a notional HUCSS average.

<table>
<thead>
<tr>
<th>Table 20 HUCSS benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>HUCSS average</td>
</tr>
<tr>
<td>University of Edinburgh</td>
</tr>
</tbody>
</table>

The Service is now clearly at the upper end of the spectrum in terms of staffing levels, and the percentage of students referring to counselling. The Good Practice guidelines recommend a counsellor student ratio of 1:3000. All the services are currently reporting significant increases in demand and in the complexity of issues students are experiencing.

2.3 Update on BACP Service Accreditation

As described above our BACP Service Accreditation is supported by annual monitoring. The Service is required to confirm that it continues to meet the criteria for accreditation, provide supporting evidence accordingly and must report on the following: changes to the service, provision, policies, procedures, resources; confirm the Head of Service who holds clinical responsibility; report any complaints or appeals, any equal opportunities or ethical issues or changes in publicity material; confirm professional indemnity insurance. No action was required or recommended by the BACP in the past year.

“You guys are brilliant. Thank you for being there me when I needed you.”
Student Feedback
3. Enhancement and sharing good practice

3.1 Overview of good practice for dissemination

Service review days are held regularly in semester two and at the beginning of semester one each academic year to monitor our progress, to reflect on service delivery and to plan ahead. We review our KPI performance, benchmarks, CORE results and evaluation survey outcomes. It is the responsibility of the Director to consider and implement QAC recommendations.

As a result of our review days in May, and in light of the expansion of the counselling staff team, we have reorganised our team meeting structure for 2014-15, allowing for a greater integration of permanent, sessional, and administration staff. Team meetings are held regularly, as are counsellors meetings, and administration team meetings. News and information on good practice are regularly communicated via weekly email bulletins and the service wiki.

All our counsellors have clinical supervision which is a professional requirement. Counsellors meetings discuss issues of clinical concern and share best practice. The Director and Assistant Directors meet frequently with individual counsellors for caseload management discussions.

The Service continues to take a lead in arranging training days for student counsellors, not only for our own staff team, but for colleagues in other Universities and Colleges. This allows for cost-effective sector-specific training input to enhance the Service, increase our knowledge base and share best practice.

The Service continues to participate in the work of the BACP, BACPUC, HUCS and HUCSS. During 2014 the Director served on BACP’s Expert Reference Group developing a competency framework for student counsellors, and has recently joined the HUCS executive committee. In June 2014 we hosted meetings of both HUCSS and HUCS, encouraging a greater level of participation and exchange of views. The Director attended the AUCCCD conference in Chicago in November 2014, a meeting of 400 HE counselling service directors.

A clear example of good practice for dissemination has been our work with Big White Wall (described in last year’s annual report). BWW submitted the arrangement with the University of Edinburgh to the Scottish Government GO Awards, and won a ‘Highly Commended’ award in the Best Service category. BWW consider the work as an example of good practice and as an excellent case study for the sector, and BWW is now being piloted or considered by several other universities e.g. Aberdeen, Stirling.

Another example of good practice for dissemination has been the Paws Against Stress therapets events. “This collaboration between SCS, EUSA and CCST began in January 2013 as result of an initiative and approach from SCS aimed at reducing student stress before examination times. The original proposal for interactive sessions between students and Therapet dogs drawn up by SCS and CCST was trialled in April 2013 and
has changed little over the intervening two years. The model has proved to be robust and reliable with student feedback demonstrating that it serves its purpose well. The increasing interest from students with a high demand for places at all sessions, the strong support and interest from Therapet volunteer dog handlers and, importantly, the evident pleasure and affection displayed by the dogs during the sessions all point to the continuing success of this initiative. The original model has now been copied and activated at all of the other universities in Edinburgh and identical participation has also been taken up in several other universities throughout Scotland. There is no indication of any decline in interest from students or from any other areas of university organisation.” A D Ruthven, Canine Concern Scotland Trust

Marc Richelieu, Assistant Director, has collaborated with Professor Karen McKenzie (previously of the University of Edinburgh and now at Northumbria University) on two research projects based on data gathered in SCS, the results of which are being published:


The results of the second paper suggest that the presence of close relationships (including therapeutic relationships) moderates the association between depression and suicidal ideation. This has implications from a clinical perspective, in suicide risk assessment, and from the perspective of treatment, where facilitating the development, maintenance and positive perception of close supportive relationships could be an important target for intervention.

4. Theme: Use of technology

Email counselling There is a low uptake of this provision (16 students in 2013-14) but it is available to all students including ODL and year abroad students. We are promoting this provision via the International Office and year abroad coordinators.

Online registration We have completed phase 1 of our online registration project. Students can now download our registration form and questionnaire from our website and email these back to us. Phase 2 will allow students to register online, enhancing the efficiency of the process for students and our administrators. However, phase 2 has needed a greater cost/time resource than originally planned.

Redeveloped Database Developments to the database have been completed with significant improvement for data retrieval. Sections are shared with Staff Counselling, improving overall efficiency for the Counselling Service as a whole.
**APPs TEDtalks** We received funding for a scoping survey identifying and evaluating popular APPs and TEDtalks for signposting to students. This resource is now in use and will also be available on our website.

**eBooks** Seven bibliotherapy titles are available to all students as eBooks and this will be extended as such titles become available in an electronic format.

**Big White Wall** As described in last year’s report, this online mental health support community was provided for up to 300 students in 2013-14. A users’ survey was conducted in February 2014. By this point c.66% of the first 200 users had accessed BWW for 3-4 months. Headline survey results were:
- 86% found BWW helpful.
- 76% reported that their wellbeing had improved in at least one aspect as a result of using BWW.
- Over half had used BWW to talk about an issue or experience they had never disclosed elsewhere.
- All respondents said that they used Big White Wall outside usual support service hours, and 81% used it exclusively outside hours.

SEP provided funding for another 300 student memberships of BWW for 2014-15, and a further survey will be undertaken in semester 2.

**5. Forward Look**

**Current and likely future demand**

There is no evidence that the ongoing increase in demand is slowing down. Other University counselling services are reporting similar significant increases in the number of students presenting, a trend mirrored by demand for mental health services in general. Our current projections are for year on year increases of 15% over the next three to four years which would mean seeing c. 3,200 – 3,600 students per year i.e. 9.5-10% of the student body. This is not unrealistic in view of sector trends.

The additional resources this year have enabled us to extend the offer counselling appointments each evening in the Main Library Mondays through Thursdays. We have recruited additional sessional counsellors, but have not been able to recruit all that we have the resources for, due to applicants not having the sufficient qualifications or experience we require, and also because we are reaching maximum effective occupancy of our premises across the five sites from which we operate. Our plan to offer evening appointments at the Holyrood campus is not logistically sustainable.

We are planning to do further building conversion work at our Moray House premises creating another counselling room there and we may be able to access a further room for student services as a result of estate development built at the Holyrood campus.

The Director and SMHC are part of a Student Mental Health Strategy group established by the Deputy Secretary, Student Experience. The purpose of the strategy group is to
oversee the development of a Student Mental Health Strategy for the University of Edinburgh, and the work of the group is ongoing.

5.1 Key Priorities

The key priorities for the coming year are:

- Responding to and securing resources to meet the expected rise in demand both in terms of staff and accommodation
- Extend the provision of evening appointments
- Ensuring sufficient administrative support for effective and efficient service delivery
- IT enhancement for further efficiencies – online registration, website development
- Review the provision and funding for BWW
- Explore and develop, with other services and schools, the opportunities for supporting students’ capacities for resilience.

6. Further comments

Last year an editorial in “The Student” described the service as the pinnacle of student support provision on campus. Our feedback report from QAC commented on the fact that the service seemed to be a “victim of its own success” where the better we get, the more demand there is, and recognised that the Service will need the ongoing support of the University in meeting the need for increased resources if it is to maintain its current position or indeed improve on it. We value this support and recognition, and this report demonstrates the extent to which we have maintained and improved the Service.

However, if the trend for significant rising demand continues, not only will additional resources for counselling provision be required, but additional fit for purpose accommodation will also be needed, for the Service to continue to meet our KPI response times and all the demands placed on it by the University community. Pressures on the estate, and shortage of suitable accommodation, already present challenges in extending the Matched Care approach.

My thanks go to all Service staff and counsellors in training for their commitment, hard work, grit, humour and team spirit, to colleagues in Student Services, and to our Managers in USG for their ongoing support of the work of the Service.

Ronnie Millar
Director, Counselling Service
30 January 2015
Appendix A   Student Mental Health Coordinator’s Report

I am engaging with students who have acute, complex and enduring mental health problems. These contacts have included delivery of individual support, flexible follow up, ongoing assessment, referral to mental health services, coordination/case management and advice to staff and liaison with internal University support services, schools and external services.

The majority of my caseload of students comes via Student Counselling Services [SCS] after triage by SCS Directors; these students have usually reported an increased suicidal risk, and/or a complex mix of Psychiatric/Psychological problems that may require a more flexible availability of assessment and/or support and then possibly triage to longer term Psychological/Psychiatric services. Also students, who are in counselling, maybe referred to me as it become clearer that the student has more acute, complex and/or enduring problems.

**Acute:**
A student walked in and presented very distressed expressing suicidal ideas and advised he had a serious psychiatric diagnosis. With the student’s permission I contacted both his CPN and Consultant Psychiatrist, a plan was then put in place and this student no longer requires SMHC support and his mental health team are supporting him.

Students may have self-referred/or have been referred by their GP and attended Mental Health Assessment Service [MHAS], at Accident and Emergency Royal Infirmary Edinburgh [RIE] and/or Royal Edinburgh Hospital [REH]. On assessment by MHAS and with the students’ permission, MHAS have contacted me and I have met with the students to offer support and ongoing risk assessment and if required organised contact with student support services, and or liaised with mental health services.

**Complex:**
I meet students with more complex presentations that include multiple impulsive behaviours and diagnosis which include self-harming behaviours, harmful use of substances, eating disordered behaviours, depression, bipolar, cyclothymia, health anxiety and possibly at risk of early psychosis. Depending on assessment I will discuss with the students liaison with their GP and/or ask the GP to refer to local Mental Health services.

**Enduring:**
I have met with students who may have an established psychiatric diagnosis/psychological formulation who are managing well enough but have asked if they can have contact if required.

**Coordination/Case Management**
I am involved currently in co-ordination of care and planning of risk management with staff and students from two schools.
Crisis Management
I have taken out of hours calls from the Residence Life team, who have had concerns about students in crisis in halls and arranged next day follow up with the student, coordination of their care within the University, and/or triage of the student to appropriate external agencies.

Networks
I have initiated ongoing meetings with the Team leader of MHAS/Intensive Home Treatment Team [IHTT] to discuss current referral processes and explore the possibility of improved information sharing and two-way referrals. I consequently have direct liaison with MHAS and Psychiatric Liaison staff at the REH and the RIE. This has been helpful when Edinburgh University Students present to these services and have been discharged back to their GP. However with ongoing liaison with MHAS/Psych Liaison staff, I have encouraged them to advise the student of support services available at Edinburgh University and with the students permission I have been able to offer quick and flexible support if required. I have engaged with students from these services, who presented in psychological distress and I am supporting some long term that do not currently require mental health services and with their permission I am in liaison with their GP.

I also have links with a variety of other NHS services including the Cullen Centre a specialist service for people with eating disorders, I have contact with the Cullen regarding waiting times and priority referrals. I have also liaised with local Community Mental Health Teams and Early Psychosis Services.

I have monthly peer supervision with Student Mental Health Advisors at Edinburgh Napier University and I am a Registered Nurse and member of the Nursing and Midwifery Council [NMC] and now also a member of the University Mental Health Advisors Network [UMHAN].

Thomas Mitchell RMN/CPN
Student Mental Health Coordinator
Appendix B  Skills for Life and Learning Programme

The Feel-good Factor – This presentation offers insight into how to recognise how well we are performing (from a psychological perspective) and explores ways to manage mood and adopt practices to stay in emotional balance.

How to Get on with People – This presentation helps students find greater clarity on what roles we tend to play in relationships and offers strategies on how to get on better with people in life – partners, friends, family and professional staff.

Mind the (Confidence) Gap! – This presentation increases understanding of students’ levels of confidence and where they may have come from. It also offers practical steps to increase confidence levels and feel more positive.

I’ll Start Tomorrow… - This presentation offers a framework to understand ‘stuckness’ in relation to studies and strategies to get going again. Time-management strategies are offered as well as ways to limit procrastination, to optimise productivity and feel better.

Under Pressure – This presentation recognises the common stresses of life and especially the stresses of being in an academic environment. It offers an explanation of the physiological effects of stress and highlights ways in which students can manage minds and bodies to maintain a more relaxed state.

Exam Success – This presentation identifies the specific factors that contribute to exam-related stress and panic and enables students to manage revision and exams more calmly and effectively.

In addition for 2014-15 the following presentations were developed for 2014-15 and the programme presented as “Skills for Life and Learning”

Mind the (Confidence) Gap: Self-Esteem – This presentation shows how our sense of self-esteem (how much we like and value ourselves) directly affects our level of self-confidence. Different ways of increasing our self-esteem are explored. Ideal for anyone who does not feel great about themselves, but would like to try and change this.

Mind the (Confidence) Gap: Assertiveness – This presentation helps us determine whether we generally adopt a passive, assertive or aggressive role in relationships. It offers strategies on how to get on better with people in our life – partners, friends, family and professional colleagues – through being more assertive. Ideal for anyone who wants to improve current relationships or male better relationships in the future.

Finding your feet at University – This presentation recognises the varied feelings that can arise when we go through the major transition of starting a new undergraduate or postgraduate course. It seeks to normalise all the feelings- the good, the bad and the ugly ones, which are common reactions when we start something new. It also offers some ideas on how to settle in and make the most of the first semester in Edinburgh.

It Takes Time to Make Time – it can be difficult sometimes to fit in all the tasks want in the week. If you struggle to find a good work-life balance, or feel that you are often
running behind to catch up, take a little time out in this workshop to look at ways you can manage yourself in relation to your limited time to achieve more.

Feel the Fear and Do It Anyway: Anxiety Management – Anxiety can limit our enjoyment of life; block us academically and prevent us doing things that others experience as normal. It can manifest in very physical, as well as psychological ways. This presentation helps us to recognise our own anxiety response; learn more about why this has been triggered and finds ways to get control over our anxiety to ensure a more fulfilling life.

Nobody's Perfect: When Your Best is Good Enough – This session is an introduction to perfectionism – where it comes from; how it is maintained and what it’s consequences are. Strategies are offered by the facilitator and ideas generated together in the group to healthily meet the dual aim of attaining high standards whilst at the same time being kinder and more forgiving of ourselves.

Taking the Panic out of Presentations – making a presentation is often considered one of the most feared aspects of life – not just of University study. Attend this presentation to learn why we get so worked up about presenting in front of others and how we can stay calm and in control. Listen to and share with other participants who have equally strong reactions to presenting, and find out how they have learned to manage.